

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN



Permit #:	18-0495
Date:	12-6-18
Amount Paid:	\$125 12-4-18
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER									
Owner's Name: American Tower (tower)/T-Mobile (lessee)			Mailing Address: 49030 Pontiac Trail, Ste 100			City/State/Zip: Wixom, MI 48393		Telephone: 616-308-7511	
Address of Property: 22855 Kaseno Rd.			City/State/Zip: Cornucopia WI 54827					Cell Phone: 616-308-7511	
Contractor: TBD-out for bids			Contractor Phone:		Plumber: N/A		Plumber Phone:		
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Scott Hampel - SMJ International			Agent Phone: 616-308-7511		Agent Mailing Address (include City/State/Zip): 49030 Pontiac Trail, Ste 100, Wixom MI 48393		Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
PROJECT LOCATION		Legal Description: (Use Tax Statement)			Tax ID# 7383		Recorded Document: (Showing Ownership) ✓ 624 p 61		
1/4, 1/4		Gov't Lot	Lot(s) 1	CSM 846	Vol & Page V.5 P.341	CSM Doc #	Lot(s) No.	Block(s) No.	Subdivision:
Section 15, Township 50 N, Range 06 W				Town of: Bell			Lot Size		Acreage 5

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : _____ feet		
<input checked="" type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	# of bedrooms in structure	What Type of Sewer/Sanitary System Is on the property?	Type of Water on property
\$ 10,000	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Concrete	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input checked="" type="checkbox"/> N/A
	<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> existing	Use	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		<input checked="" type="checkbox"/> Year Round		<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> _____				<input checked="" type="checkbox"/> Compost Toilet	
					<input checked="" type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height: 325'
Proposed Construction:	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	( X )	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X )	
		with Loft	( X )	
		with a Porch	( X )	
		with (2nd) Porch	( X )	
		with a Deck	( X )	
<input checked="" type="checkbox"/> Commercial Use		with (2nd) Deck	( X )	
		with Attached Garage	( X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X )	
	<input type="checkbox"/>	Mobile Home (manufactured date)	( X )	
	<input checked="" type="checkbox"/>	Addition/Alteration (specify) MW Dish Add to cell tower	( X )	N/A
	<input type="checkbox"/>	Accessory Building (specify)	( X )	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	( X )	
	<input type="checkbox"/>	Special Use: (explain)	( X )	
	<input type="checkbox"/>	Conditional Use: (explain)	( X )	
	<input type="checkbox"/>	Other: (explain)	( X )	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Scott Hampel obo ATC/T-Mobile  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 11/26/18

Authorized Agent: Scott Hampel obo ATC/T-Mobile  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date 11/26/18

Address to send permit 49030 Pontiac Trail, Ste 100, Wixom MI 48393  
Attach Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed



**APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE**

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

**Fill Out in Ink – NO PENCIL**

- |                           |   |
|---------------------------|---|
| (1) Show Location of:     | <b>Proposed Construction</b>  |
| (2) Show / Indicate:      | <b>North (N) on Plot Plan</b>   |
| (3) Show Location of (*): | <b>(*) Driveway and (*) Frontage Road</b> (Name Frontage Road)  |
| (4) Show:                 | <b>All Existing Structures</b> on your Property   |
| (5) Show:                 | <b>(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)</b> |
| (6) Show any (*):         | <b>(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond</b>   |
| (7) Show any (*):         | <b>(*) Wetlands; or (*) Slopes over 20%</b>   |

Please see enclosed drawings.

**Please complete (1) – (7) above (prior to continuing)**

**Changes in plans must be approved by the Planning & Zoning Dept.**

(8) **Setbacks:** (measured to the closest point)

Description	Measurement		Description	Measurement
Setback from the <b>Centerline of Platted Road</b>	381.6'	Feet	Setback from the <b>Lake</b> (ordinary high-water mark)	Feet
Setback from the <b>Established Right-of-Way</b>	322.2'	Feet	Setback from the <b>River, Stream, Creek</b>	Feet
			Setback from the <b>Bank or Bluff</b>	Feet
Setback from the <b>North Lot Line</b>	286.6'	Feet		
Setback from the <b>South Lot Line</b>	241'	Feet	Setback from <b>Wetland</b>	Feet
Setback from the <b>West Lot Line</b>	154.6'	Feet	<b>20% Slope Area on the property</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the <b>East Lot Line</b>	322.2'	Feet	<b>Elevation of Floodplain</b>	Feet
Setback to <b>Septic Tank or Holding Tank</b>		Feet	Setback to <b>Well</b>	Feet
Setback to <b>Drain Field</b>		Feet		
Setback to <b>Privy</b> (Portable, Composting)		Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) **Stake or Mark Proposed Location(s)** of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: <b>18-0495</b>		Permit Date: <b>12-6-18</b>		
Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>(Deed of Record)</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>(Fused/Contiguous Lot(s))</b>	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Case #:		Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Pre-existing</b>	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No
Inspection Record: <b>No inspection - pre-existing tower.</b>			Zoning District <b>( A61 )</b> Lakes Classification <b>( — )</b>	
Date of Inspection:		Inspected by:		Date of Re-Inspection:
Condition(s): <b>Town, Committee or Board Conditions Attached?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No – (If <b>No</b> they need to be attached.) <b>Install per provided plans.</b>				
Signature of Inspector: <b>Todd Norwood</b>				Date of Approval: <b>12/6/18</b>
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

Town, City, Village, State or Federal  
Permits May Also Be Required

LAND USE – **X**  
SANITARY – **None**  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **18-0495** Issued To: **Wisconsin RSA #2 Pacific Telcom Cellular / Scott Hample, Agent**

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **15** Township **50** N. Range **6** W. Town of **Bell**

Gov't Lot Lot **1** Block Subdivision CSM# **846**

For: **Commercial Principal Addition: [ Microwave Dish ]**

**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s): Install per provided plans.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Todd Norwood**

Authorized Issuing Official

**December 6, 2018**

Date